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FEC FORM 1			TEMEN SANIZA					Office U	Jse Only	,	
NAME OF COMMITTEE (in	n full)	(Check is cha	k if name nged)	Example:If to		12F	E4M5				
United States	Sugar C	orporation	Employe	e Stock O	wnership	o Plan F	Politica	al Acti	ion C	omn	nittee,
ADDRESS (number a	nd street)	111 Ponce De	Leon Avenue								
(Check if ac is changed)		Clewiston				FL		33440		] – [	
			C	CITY		STAT	E		ZIP C	ODE	
(Check if	address		-	mail address)							
is change	ed)	Clewiston  CITY  STATE  ZIP CODE  ADDRESS (Please provide only one e-mail address)  sbell@ussugar.com									
COMMITTEE'S WEB	PAGE ADD	RESS (URL)									
(Check if	address										
is change											
2. DATE 0'	1 09	201									
3. FEC IDENTIFIC	CATION NU	MBER	C co	0234120							
4. IS THIS STATE	MENT X	NEW (N)	OR	AM	IENDED (A)	)					
I certify that I have e	examined this	s Statement an	nd to the best	of my knowled	ge and belie	ef it is true,	correct	and cor	mplete.		
Type or Print Name	of Treasurer	Gerard A. Be	rnard								
Signature of Treasure	Gerard A	A. Bernard		[Electro	nically Filed	Date	01	/ D	09	Y	y y y 2012
NOTE: Submission of				may subject the	-	-		the pena	alties of	2 U.S.	.C. §437g.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		om 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
Car	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	9		
United States Sugar	Corporation Employee Stock	Ownership Plan Polit	tical Action Committee,
6. Name of Any Connected (	Organization, Affiliated Committee, Joint	Fundraising Representative,	or Leadership PAC Sponsor
United States Sugar C	orporation		
Mailing Address	P. O. Box 1207		
	Clewiston	FL	33440
	CITY	STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Representat	ive Leadership PAC Sponsor
<ul> <li>Custodian of Records: Idea books and records.</li> </ul>	ntify by name, address (phone number o	ptional) and position of the pe	rson in possession of committee
Gerard A. Full Name	Bernard  111 Ponce De Leon Avenue		
Mailing Address			
	Clewiston	FL	33440
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	63 - 902 - 2119
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of that assistant treasurer).	e treasurer of the committee;	and the name and address of
Full Name Gerard A. of Treasurer	Bernard		
Mailing Address	111 Ponce De Leon Avenue		
	Clewiston	FL STATE	33440
Title or Position Treasurer		Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.  Depository, etc.  BMO Harris Bank N. A.	ias accounts, terts
safety deposit b	oxes or maintains funds.  Depository, etc.  BMO Harris Bank N. A.  P. O. Box 755	
safety deposit b Name of Bank,	Depository, etc.  BMO Harris Bank N. A.  P. O. Box 755	
safety deposit b Name of Bank,	Depository, etc.  BMO Harris Bank N. A.  P. O. Box 755  Chicago  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  BMO Harris Bank N. A.  P. O. Box 755  Chicago  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  BMO Harris Bank N. A.  P. O. Box 755  Chicago  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  BMO Harris Bank N. A.  P. O. Box 755  Chicago  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  BMO Harris Bank N. A.  P. O. Box 755  Chicago  CITY  STATE  Depository, etc.	